

Privacy Impact Assessment / Cleveland VAMC Vista

PRIVACY IMPACT ASSESSMENT 2008

INTRODUCTION:

Congress passed the E-Government Act of 2002 to encourage the use of Web-based Internet applications or other information technology by Government agencies, with the intention of enhancing access to government information and services and increasing the effectiveness, efficiency, and quality of government operations.

To combat public concerns regarding the disclosure of private information, the E-Government Act mandated various measures, including the requirement that Federal agencies conduct a Privacy Impact Assessment (PIA) for projects with information technology systems that collect, maintain, and/or disseminate "personally identifiable information" of the public. Personally identifiable information, or "personal information," is information that may be used to identify a specific person. Appendix A, "Applicable Legal and Regulatory Requirements" summarizes the applicable legal and regulatory requirements that are addressed by the PIA process.

Update regarding PIV projects: Federal Information Processing Standards Publication (FIPS PUB) 201 Personal Identity Verification (PIV) of Federal Employees and Contractors and subsequent OMB guidance explicitly require PIAs for PIV projects collecting any personal data, not just of the public.

Primary Privacy Impact Assessment objectives include:

- o Ensure and promote the trust and confidence of Veterans and the general public.*
- o Ensure compliance with the eGov Act and other applicable privacy laws, regulations and policies, including the PIV regulations.*
- o Identify the risks and adverse effects of collecting, maintaining and disseminating personal information in electronic information systems.*
- o Evaluate and develop protections and alternative processes for handling information to mitigate potential privacy risks.*

Additional important objectives include:

- o Provide a mechanism for ensuring responsibility and accountability for privacy issues.*
- o Provide documented assurance that privacy, security and other vital data stewardship considerations are integrated into information technology systems, starting with the initial outlining of a project's objectives and data usage requirements and continuing through design, operation, maintenance and disposal.*
- o Ensure that decision-makers are provided the information required to make informed system design or procurement decisions, based on an understanding of privacy risk, and of options available for mitigating that risk.*
- o Greatly reduce the risk of needing to interrupt a program or service because privacy and other vital data stewardship considerations were not adequately addressed before the program or service was implemented.*
- o Promote awareness and understanding of privacy issues.*
- o Provide valuable documentation on the flow of personal information, and related privacy considerations and design decisions.*

Completion of this PIA Form:

o Part I (Sections 1 and 2) of this form must be completed for all projects. Part I documents basic project information and establish whether a full PIA is required.

o This entire PIA Form (Parts I and II) must be completed/updated every year for all projects with information technology (IT) systems that collect, maintain, and/or disseminate "personally identifiable information" information that may be used to identify a specific person of the public, OR is a PIV project.

Important Note: While this form provides detailed instructions for completing a Privacy Impact Assessment for your project, support documents that provide additional guidance are available on the OCIS Portal (VA network access required).

Part I. Project Identification and Determination of PIA Requirement

1. PROJECT IDENTIFICATION:

1.1) Project Basic Information:

1.1.a) Project or Application Name:

Cleveland VAMC VistA

1.1.b) OMB Unique Project Identifier:

029-00-01-11-01-1180-00

1.1.c) Concise Project Description

Provide a concise description of the project. Your response will be automatically limited to approximately 200 words, and should provide a basic understanding of the project, and its most essential elements. (If applicable, use of personal data is to be described in Section 3.)

The VistA-Legacy system is the software platform and hardware infrastructure (associated with clinical operations) on which the VHA health care facilities operate their software applications and support for E-Government initiatives. It includes the computer equipment associated with clinical operations and the employees necessary to operate the system. VistA-Legacy is a client-server system. It links the facility computer network to over 100 applications and databases. VistA-Legacy provides critical data that supports the delivery of healthcare to veterans and their dependants. Using the computer, the VA health care provider can access VistA-Legacy applications and meet a wide range of health care data needs. The VistA-Legacy system operates in medical centers, ambulatory and community-based clinics, nursing homes and domiciliary. The VistA-Legacy system is in the mature phase of the capital investment lifecycle.

1.1.d) Additional Project Information (Optional)

The project description provided above should be a concise, stand-alone description of the project. Use this section to provide any important, supporting details.

The VistA system is designed to operate as a fully integrated clinical and administrative information source. It processes clinical information, information covered by the Privacy Act & HIPAA, PHI/ePHI, financial records, and all other data necessary to run a tertiary medical center. All clinical and most administrative functions within the physical confines of the VISN10 utilize the VistA Alpha cluster to process clinical, financial, or administrative data. All external organizations which access a local Alpha node must be authenticated by access and verify codes or by domain transmission scripts for electronic mail. Examples of these organizations include VBA Regional Office, Form, HINQ, all VA facilities throughout the country sending electronic mail, Medical Cost Recovery vendors and transcription vendors. The native operating system of the Alpha cluster is

VMS. Cache is a programming language that runs on top of VMS. Using the Cache environment, the VA's VistA program exists with all attendant menus, parameters, and data. Cache is the only application inhabiting the Alpha cluster.

1.2) Contact Information:

1.2.a) Person completing this document: Larry B. Campbell

Title: Information Security Officer

Organization: OI&T Field Security Service

Telephone Number: 440-526-3030 ext 6625

Email Address: larry.campbell@va.gov

1.2.b) Project Manager: Larry Wetzel

Title: System Manager

Organization: Louis Stokes DVA Medical Center

Telephone Number: 440-526-3030 ext 6675

Email Address: larry.wetzel@va.gov

1.2.c) Staff Contact Person: Steve Gaj

Title: Facility Chief Information Officer

Organization: Louis Stokes DVA Medical Center

Telephone Number: 440-526-3030 ext 7755

Email Address: steven.gaj@va.gov

ADDITIONAL INFORMATION: If appropriate, provide explanation for limited answers, such as the development stage of project.

		SECTION INCOMPLETE
	x	SECTION COMPLETED
		I have completed and reviewed my responses in this section.
**	NOTE:	If you are resubmitting your updates, first select "NO Value" from the dropdown and submit and then select "Yes" and submit again.
		Section Update Date

Section 1 Review:

		PRIVACY SERVICE SECTION REVIEW AND APPROVAL
		The Privacy Service has not reviewed this section.
		The Privacy Service has reviewed this section. Please make the modifications described below.
	X	The Privacy Service has reviewed and approved the responses in this section.
**	NOTE:	If you are resubmitting your REVIEW or if you already have an YES, then first select "NO Value" and submit and then select "Yes" and submit again.
		Section Review Date

PRIVACY SERVICE COMMENTS: (Include reviewers Name and Contact)

2. DETERMINATION OF PIA REQUIREMENTS:

A privacy impact assessment (PIA) is required for all VA projects with IT systems that collect, maintain, and/or disseminate personally identifiable information (PII) of the public, not including information of Federal employees and others performing work for VA (such as contractors, interns, volunteers, etc.), unless it is a PIV project. All PIV projects collecting any PII must complete a PIA. PII is any representation of information that permits the identity of an individual to be reasonably inferred by either direct or indirect means. Direct references include: name, address, social security number, telephone number, email address, financial information, or other identifying number or code. Indirect references are any information by which an agency intends to identify specific individuals in conjunction with other data elements. Examples of indirect references include a combination of gender, race, birth date, geographic indicator and other descriptors.

2.a) Will the project collect and/or maintain personally identifiable information in IT systems?

Yes

2. b) Is this a PIV project collecting PII, including from Federal employees, contractors, and others performing work for VA?

No

If "YES" to either question then a PIA is required for this project. Complete the remaining questions on this form. If "NO" to both questions then no PIA is required for this project. Skip to section 13 and affirm.

2.c) Has a previous PIA been completed within the last three years?

No

2.d) Has any changes been made to the system since last PIA?

N/A, first PIA

ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.)

N/A

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	x	SECTION COMPLETED
		I have completed and reviewed my responses in this section.
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		Section Update Date

Section 2 Review:

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		The Privacy Service has reviewed this section. Please make the modifications described below.
	x	The Privacy Service has reviewed and approved the responses in this section.
**	NOTE:	If you are resubmitting your REVIEW or if you already have an YES, then first select "NO Value" and submit
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		Section Review Date

PRIVACY SERVICE COMMENTS: (Include reviewers Name and Contact)

Part II. Privacy Impact Assessment

3. PROJECT DESCRIPTION:

The purpose of NIST SP 800-60 is to address recommending the types of information and information systems to be included in each category of potential security impact. Using NIST SP800-60, enter the information requested to describe the project.

3.a) Provide a concise description of why personal information is maintained for this project, such as determining eligibility for benefits or providing patient care.

All information is necessary in order to provide congressionally mandated health care for Veterans.

3.b) What specific legal authorities authorize this project, and the associated collection, use, and/or retention of personal information?

Title 38, United States Code, section 7301(a)

3.c) Identify, by selecting the appropriate range from the list below, the approximate number of individuals that (will) have their personal information stored in project systems.

1,000,000 – 9,999,999

3.d) Identify what stage the project/system is in: (1) Design/Planning, (2) Development/Implementation, (3) Operation/Maintenance, (4) Disposal, or (5) Mixed Stages.

(3) Operation/Maintenance

3.e) Identify either the approximate date (MM/YYYY) the project/system will be operational (if in the design or development stage), or the approximate number of years that the project/system has been in operation.

Operational for 23 years

ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.)

		SECTION INCOMPLETE
	x	SECTION COMPLETED
		I have completed and reviewed my responses in this section.
**	NOTE:	If you are resubmitting your updates, first select "NO Value" from the dropdown and hit submit and then select "Yes" and hit submit.
		Section Update Date

Section 3 Review:

		PRIVACY SERVICE SECTION REVIEW AND APPROVAL
		The Privacy Service has not reviewed this section.
		The Privacy Service has reviewed this section. Please make the modifications described below.
	X	The Privacy Service has reviewed and approved the responses in this section.
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		and then select "Yes" and submit again.
		Section Review Date

PRIVACY SERVICE COMMENTS: (Include reviewers Name and Contact)

4. SYSTEM OF RECORDS:
<i>The Privacy Act of 1974 (Section 552a of Title 5 of the United States Code) and VA policy provide privacy protections for employee or customer information that VA or its suppliers maintain in a System of Records (SOR). A SOR is a file or application from which personal information is retrieved by an identifier (e.g. name, unique number or symbol). Data maintained in a SOR must be managed in accordance with the requirements of the Privacy Act and the specific provisions of the applicable SOR Notice. Each SOR Notice is to be published in the Federal Register. See VA Handbook 6300.5 "Procedures for Establishing & Managing Privacy Act Systems Of Records", for additional information regarding Systems of Records.</i>
<i>4.a) Will the project or application retrieve personal information on the basis of name, unique number, symbol, or other identifier assigned to the individual?</i>
If "No" then skip to section 5, 'Data Collection'.
Yes
<i>4.b) Are the project and/or system data maintained under one or more approved System(s) of Records?</i>
IF "No" then SKIP to question 4.c.
Yes
<i>4.b.1) For each applicable System of Records, list:</i>
<i>(1) The System of Records identifier (number),</i>
79VA19
<i>(2) The name of the System of Records, and</i>
Veterans Health Information System and Technology Architecture (VistA)-VA
<i>(3) Provide the location where the specific applicable System of Records Notice(s) may be accessed (include the URL).</i>
http://vaww.vhaco.va.gov/privacy/SystemofRecords.htm
IMPORTANT: For each applicable System of Records Notice that is not accessible via a URL: (1) Provide a concise explanation of why the System of Records Notice is not accessible via a URL in the "Additional Information" field at the end of this section, and (2) Send a copy of the System of Records Notice(s) to the Privacy Service.
<i>4.b.2) Have you read, and will the application comply with, all data management practices in the System of Records Notice(s)?</i>
Yes
<i>4.b.3) Was the System(s) of Records created specifically for this project, or created for another project or system?</i>
Created specifically for VistA
<i>If created for another project or system, briefly identify the other project or system.</i>
<i>4.b.4) Does the System of Records Notice require modification?</i>
If "No" then skip to section 5, 'Data Collection'.
No. Modification of the System of Records is NOT Required.
<i>4.b.5) Describe the required modifications.</i>

4.c) If the project and/or system data are not maintained under one or more approved System(s) of Records, select one of the following and provide a concise explanation.

N/A

Explanation:

ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.)

		SECTION INCOMPLETE
	x	SECTION COMPLETED
		I have completed and reviewed my responses in this section.
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		Section Update date

Section 4 Review:

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		The Privacy Service has not reviewed this section.
		The Privacy Service has reviewed this section. Please make the modifications described below.
	X	The Privacy Service has reviewed and approved the responses in this section.
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		Section Review Date

PRIVACY SERVICE COMMENTS: (Include reviewers Name and Contact)

5. DATA COLLECTION:

5.1 Data Types and Data Uses

FIPS 199 establishes security categories for both information and information systems. The security categories are based on the potential impact on an organization should certain events occur which jeopardize the information and information systems needed by the organization to accomplish its assigned mission, protect its assets, fulfill its legal responsibilities, maintain its day-to-day functions, and protect individuals. Security categories are to be used in conjunction with vulnerability and threat information in assessing the risk to an organization. Identify the types of personal information collected and the intended use(s) of that data:

a) Select all applicable data types below. If the provided data types do not adequately describe a specific data collection, select the "Other Personal Information" field and provide a description of the information.

b) For each selected data type, concisely describe how that data will be used.

Important Note: Please be specific. If different data types or data groups will be used for different purposes or multiple purposes, specify. For example: "Name and address information will be used to communicate with individuals about their benefits, while Name, Service, and Dependent's information will be used to determine which benefits individuals will be eligible to receive. Email address will be used to inform individuals about new services as they become available."

YES	Veteran's or Primary Subject's Personal Contact Information (name, address, telephone, etc.)
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Specifically identify the personal information collected, and describe the intended use of the information.

The most common data types that are captured and accessed on a regular basis by authorized individuals are first and last name, middle initial, DOB, SSN, and address. This patient information falls into two classes: administrative and clinical. Clinical information is used to diagnose, prescribe treatment and follow clinically the patient through his/her health care encounters. Administrative data is used to identify the veteran (SSN), correspond to/from (name and address), determine eligibility (patient administrative info and SSA and IRS data), enter Next of Kin and emergency contact information and collect insurance information.

No	Other Personal Information of the Veteran or Primary Subject
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Specifically identify the personal information collected, and describe the intended use of the information.

Yes	Dependent Information
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Specifically identify the personal information collected, and describe the intended use of the information.

The most common data types that are captured and accessed on a regular basis by authorized individuals are first and last name, middle initial, DOB, SSN and address. Dependent data is utilized to determine eligibility for VA benefits. In addition, NOK and emergency contact information is often a

dependent of the veteran and this data is used in case of emergency or need during the patient's episode of care.

YES **Service Information**

Specifically identify the personal information collected, and describe the intended use of the information.

Military Service Information (Branch of service, discharge date, discharge type, service connection rating, medical conditions related to military service, etc). This information is collected to assess eligibility for VA healthcare benefits, type of healthcare needed.

YES **Medical Information**

Specifically identify the personal information collected, and describe the intended use of the information.

The most common data types that are captured and accessed on a regular basis by authorized individuals are first and last name, middle initial, DOB, SSN, and address. This patient information falls into two classes: administrative and clinical. Clinical information is used to diagnose, prescribe treatment and follow clinically the patient through his/her health care encounters. Administrative data is used to identify the veteran (SSN), correspond to/from (name and address), determine eligibility (patient administrative info and SSA and IRS data), enter Next of Kin and emergency contact information and collect insurance information.

Yes **Criminal Record Information**

Specifically identify the personal information collected, and describe the intended use of the information.

Specific information is not input into the VistA system but the fugitive felon program includes a flag on the patient file identifying the need to contact the VA police.

YES **Guardian Information**

Specifically identify the personal information collected, and describe the intended use of the information.

Next of kin, DNR instructions, health care proxy designation. This information is used in the notification process and as required for medical decisions.

Yes	Education Information
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Specifically identify the personal information collected, and describe the intended use of the information.

Used to develop treatment plans that are understandable to the patient's education level

YES	Rehabilitation Information
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Specifically identify the personal information collected, and describe the intended use of the information.

Treatment notes, progress notes, clinical assessments, clinical diagnosis information is collected. Used in follow-up treatment and as part of the medical history.

YES	Other Personal Information (specify):
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The "Other Personal Information" field is intended to allow identification of collected personal information that does not fit the provided categories. If personal information is collected that does not fit one of the provided categories, specifically identify this information and describe the intended use of the information.

Next-of-kin information and emergency contact information, such as name and telephone number, is collected from the veteran to use to contact other individuals in case of an emergency. In addition insurance and employment information is available on the veteran for use in billing for care.

ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.)

		SECTION INCOMPLETE
	x	SECTION COMPLETED
		I have completed and reviewed my responses in this section.
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		Section Update Date

Section 5.1 Review:

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		Section Review Date

PRIVACY SERVICE COMMENTS: (Include reviewers Name and Contact)

5.2 Data Sources*Identify the source(s) of the collected information.**a) Select all applicable data source categories provided below.**b) For each category selected:**i) Specifically identify the source(s) - identify each specific organization, agency or other entity that is a source of personal information. ii) Provide a concise description of why information is collected from that source(s). iii) Provide any required additional clarifying information.**Your responses should clearly identify each source of personal information, and explain why information is obtained from each identified source. (Important Note: This section addresses sources of personal information; Section 6.1, "User Access and Data Sharing" addresses sharing of collected personal information.)**Note: PIV projects should use the "Other Source(s)" data source.*☐ YES **Veteran Source***Provide a concise description of why information is collected from Veterans. Provide any required additional, clarifying information.*

Data used to identify the veteran, determine eligibility for care, schedule treatment and manage the provided care.

☐ No **Public Source(s)**

i) Specifically identify the Public Source(s) - identify the specific organization(s) or other entity(ies) that supply personal information. ii) Provide a concise description of why information is collected from each identified source. iii) Provide any required additional, clarifying information.

☐ YES **VA Files and Databases**

i) Specifically identify each VA File and/or Database that is a source of personal information. ii) Provide a concise description of why information is collected from each identified source. iii) Provide any required additional, clarifying information.

For VistA-Legacy, Patient Treatment File is used to store and make inquiries of personally identifiable information about the veteran, previous clinical records, clinical information, drug information as needed to provide treatment and reimbursement.

☐ YES **Other Federal Agency Source(s)**

i) Specifically identify each Federal Agency that is a source of personal information. ii) Provide a concise description of why information is collected from each identified source. iii) Provide any required additional, clarifying information.

IRS, SSA, DoD data used for income verification to determine if third party collection is possible. Also used in determining eligibility for care.

☐ No **State Agency Source(s)**

i) Specifically identify each State Agency that is a source of personal information. ii) Provide a concise description of why information is collected from each identified source. iii) Provide any required additional, clarifying information.

☐ No **Local Agency Source(s)**

i) Specifically identify each Local Agency (Government agency other than a Federal or State agency) that is a source of personal information. ii) Provide a concise description of why information is collected from each identified source. iii) Provide any required additional, clarifying information.

No	Other Source(s)
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i) If the provided Data Source categories do not adequately describe a source of personal information, specifically identify and describe each additional source of personal information. ii) For each identified data source, provide a concise description of why information is collected from that source. iii) Provide any required additional, clarifying information.

ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.)

		SECTION INCOMPLETE
	x	SECTION COMPLETED
		I have completed and reviewed my responses in this section.
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		Section Update Date

Section 5.2 Review:

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		The Privacy Service has not reviewed this section.
		The Privacy Service has reviewed this section. Please make the modifications described below.
	X	The Privacy Service has reviewed and approved the responses in this section.
**	NOTE:	If you are resubmitting your REVIEW or if you already have an YES, then first select "NO Value" and submit
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		Section Review Date

PRIVACY SERVICE COMMENTS: (Include reviewers Name and Contact)

5.3 Collection Methods

Identify and describe how personal information is collected:

a) Select all applicable collection methods below. If the provided collection methods do not adequately describe a specific data collection, select the "Other Collection Method" field and provide a description of the collection method. b) For each collection method selected, briefly describe the collection method, and provide additional information as indicated.

YES

Web Forms:

Information collected on Web Forms and sent electronically over the Internet to project systems.

Identify the URL(s) of each Web site(s) from which information will be submitted, and the URL(s) of the associated privacy statement. (Note: This question only applies to Web forms that are submitted online. Forms that are accessed online, printed and then mailed or faxed are considered "Paper Forms.")

The web form is located at <https://www.1010ez.med.va.gov/sec/vha/1010ez/>. The site from which this form is accessed (<http://www.va.gov/>) references the VA Privacy and Security site (<http://www.va.gov/privacy/>), as well as the VA Disclaimer site (<http://www.va.gov/disclaim.htm>) and the VA FOIA site (<http://vaww.va.gov/OIT/CIO/FOIA/default.asp>)

YES

Paper Forms:

Information collected on Paper Forms and submitted personally, submitted via Postal Mail and/or submitted via Fax Machine.

Identify and/or describe the paper forms by which data is collected. If applicable, identify standard VA forms by form number.

VA Form 1010EZ for medical benefits and 1010ZR to review/update financial information.

Yes

Electronic File Transfer:

Information stored on one computer/system (not entered via a Web Form) and transferred electronically to project IT systems.

Describe the Electronic File Transfers used to collect information into project systems. (Note: This section addresses only data collection – how information stored in project systems is acquired. Sharing of information stored in project systems and data backups are addressed in subsequent sections.)

Patient Data Exchange is a nationally developed method (intranet only) used to automatically populate the local VistA with patient data from other hospital sites where the patient has been seen. Other methods such as Remote Data Views and VistAWeb provide for display of remote VA and DoD data but do not automatically copy data into the local VistA.

No

Computer Transfer Device:

Information that is entered and/or stored on one computer/ system and then transferred to project IT systems via an object or device that is used to store data, such as a CD-ROM, floppy disk or tape.

Describe the type of computer transfer device, and the process used to collect information.

Yes	Telephone Contact:	Information is collected via telephone.
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Describe the process through which information is collected via telephone contacts.

Veterans answer questions posed over phone to collect Form 1010EZ data and medical information if necessary for patient care – (telecare calls, follow-up procedure calls, medication requests, etc). During this process staff are instructed to identify themselves, agency and phone/extension to return the call if there is no answer. Veteran provided information is then input directly into the VISTA database and is not left on paper forms from a telephone contact. Telephone calls may be initiated by the veteran for any of the above reasons and data would be placed directly into the system without paper records being saved.

No	Other Collection Method:	Information is collected through a method other than those listed above.
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If the provided collection method categories do not adequately describe a specific data collection, select the "Other Collection Method" field and specifically identify and describe the process used to collect information.

ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.)

		SECTION INCOMPLETE
	x	SECTION COMPLETED
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Section 5.3 Review:

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		The Privacy Service has reviewed this section. Please make the modifications described below.
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**	NOTE:	If you are resubmitting your REVIEW or if you already have an YES, then first select "NO Value" and submit
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		Section Review Date

PRIVACY SERVICE COMMENTS: (Include reviewers Name and Contact)

5.4 Notice	
<i>The Privacy Act of 1974 and VA policy requires that certain disclosures be made to data subjects when information in identifiable form is collected from them. The following questions are directed at notice to the individual of the scope of information collected, the right to consent to uses of said information, and the right to decline to provide information.</i>	
5.4.a) Is personally identifiable information collected directly from individual members of the public and maintained in the project's IT systems?	
Yes	
Note: If you have selected NO above, then SKIP to Section 5.5, 'Consent'.	
5.4.b) Is the data collection mandatory or voluntary?	
Mandatory	
5.4.c) How are the individuals involved in the information collection notified of the Privacy Policy and whether provision of the information is mandatory or voluntary?	
VA Form 1010EZ; VA Notice of Privacy practices mailed by HEC at enrollment and provided locally upon request.	
5.4.d) Is the data collection new or ongoing?	
Ongoing	
5.4.e.1) If personally identifiable information is collected online, is a privacy notice provided that includes the following elements? (Select all applicable boxes.)	
No	Not applicable
Yes	Privacy notice is provided on each page of the application.
Yes	A link to the VA Website Privacy Policy is provided.
Yes	Proximity and Timing: the notice is provided at the time and point of data collection.
Yes	Purpose: notice describes the principal purpose(s) for which the information will be used.

Yes	Authority: notice specifies the legal authority that allows the information to be collected.
Yes	Conditions: notice specifies if providing information is voluntary, and effects, if any, of not providing it.
Yes	Disclosures: notice specifies routine use(s) that may be made of the information.

5.4.e.2) If necessary, provide an explanation on privacy notices for your project:

This issue is under review and links to all web sites in the future will include a link to the VA Privacy Policy.

5.4.f) For each type of collection method used (identified in Section 5.3, "Collection Method"), explain:

a) What the subjects will be told about the information collection. b) How this message will be conveyed to them (e.g., written notice, electronic notice if a web-based collection, etc.). c) How a privacy notice is provided.

Note: if PII is transferred from other projects, explain any agreements or understandings regarding notification of subjects.

YES **Web Forms:**

Explain:

a) What the subjects will be told about the information collection. b) How this message will be conveyed to them (e.g., written notice, electronic notice if a web-based collection, etc.). c) How a privacy notice is provided.

The data subject is told that the information is used to apply for enrollment in the VA Healthcare system, or for nursing home, domiciliary or dental benefits. Allows VA to accurately determine whether specific veterans will be charge co-payments, eligibility for other services and enrollment priority. This information is provided electronically and/or in written form if person presents at a VA facility for enrollment.

The web site from which this form is accessed (<http://www.va.gov/>) references the VA privacy and Security Site (<http://www.va.gov/privacy>) as well as the disclaimer site (<http://www.va.gov/disclaim.htm>) and the VA FOIA site (<http://vawww.va.gov/OIT/CIO/FOIA/default.asp>).

Additionally, the VHA Notice is mailed to each new enrollee by the HEC. Subsequent to enrolling, should a patient request a copy of the VHA Notice of Privacy Practices, the facility is to provide him/her a copy. PO directed that the facility is not to ASK the patient if he/she wants a copy but to provide if the patient requests it. The Notice is available in standard and large print but is not available in foreign languages as not required by HIPAA.

The web page (<https://www.1010ez.med.va.gov/sec/vha/1010EZ/default.asp>) recommends veterans download a paper copy of the VA Form 10-10EZ to assist them in preparing to enter data online. The VA Form 10-10EZ includes the following statement:
Privacy Act Information: VA is asking you to provide the information on this form under 38 U.S.C. Sections 1705, 1710, 1712, and 1722 in order for VA to determine your eligibility for medical benefits. Information you supply may be verified through a computer-matching program. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act systems of records notices and in

accordance with the VHA Notice of Privacy Practices. You do not have to provide the information to VA, but if you don't, VA may be unable to process your request and serve your medical needs. Failure to furnish the information will not have any affect on any other benefits to which you may be entitled. If you provide VA your Social Security Number, VA will use it to administer your VA benefits. VA may also use this information to identify veterans and persons claiming or receiving VA benefits and their records, and for other purposes authorized or required by law.

Yes

Paper Forms:

Explain:

a) What the subjects will be told about the information collection. b) How this message will be conveyed to them (e.g., written notice, electronic notice if a web-based collection, etc.). c) How a privacy notice is provided.

They are told that information is collected to determine their eligibility and to provide medical care. Patients fill out required fields of information on Form 1010 and an explanation of privacy policy is provided.

Patients fill out required fields of information on Form 1010 and an explanation of privacy policy, including the purpose of the information collection, is provided on the form: Privacy Act Information: VA is asking you to provide the information on this form under 38 U.S.C. Sections 1705, 1710, 1712, and 1722 in order for VA to determine your eligibility for medical benefits. Information you supply may be verified through a computer-matching program. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act systems of records notices and in accordance with the VHA Notice of Privacy Practices. You do not have to provide the information to VA, but if you don't, VA may be unable to process your request and serve your medical needs. Failure to furnish the information will not have any affect on any other benefits to which you may be entitled. If you provide VA your Social Security Number, VA will use it to administer your VA benefits. VA may also use this information to identify veterans and persons claiming or receiving VA benefits and their records, and for other purposes authorized or required by law.

Yes

Electronic File Transfer:

For electronic transfers of information, where this system is receiving the information from another system and is not collected from the primary information source, please explain what agreements are in place that govern the responsibilities of the system collecting information from the primary information source to notify subjects regarding:

a) What they will be told about the information collection? b) How the message will be conveyed (e.g. written notice, electronic notice if web-based collection, etc.)? c)How a privacy notice is provided?

Nationally there are Data Use Agreements (DUAs) in place between the VA and DoD that govern the exchange of information (Health Data Repository). The privacy notice is conveyed in written format and electronic if collected via the 10-10ez website. Information is also obtained from other VA medical centers and uploaded (remote data and patient data exchange using nationally developed methods). Service information is collected through VBA (HINQ and VIS). The privacy notice is conveyed by the intake medical center. They are told that information is collected to determine their eligibility and to provide medical care.

<input type="checkbox"/> No	Computer Transfer Device:															
<p><i>For electronic transfers of information, where this system is receiving the information from another system and is not collected from the primary information source, please explain what agreements are in place that govern the responsibilities of the system collecting information from the primary information source to notify subjects regarding:</i></p> <p><i>a) What they will be told about the information collection? b) How the message will be conveyed (e.g. written notice, electronic notice if web-based collection, etc.)? c) How a privacy notice is provided?</i></p>																
<input type="checkbox"/> Yes	Telephone:															
<p><i>Explain:</i></p> <p><i>a) What the subjects will be told about the information collection. b) How this message will be conveyed to them (e.g., written notice, electronic notice if a web-based collection, etc.). c) How a privacy notice is provided.</i></p>																
<p>The veterans are told that this information is collected and stored in VistA for eligibility purposes and this privacy policy is conveyed to them via written notice annually. Information is obtained over a telephone interview and patients are provided with a consent form to sign and return. During the telephone contact the privacy notice is conveyed to them verbally.</p>																
<input type="checkbox"/> No	Other Method:															
<p><i>Explain:</i></p> <p><i>a) What the subjects will be told about the information collection. b) How this message will be conveyed to them (e.g., written notice, electronic notice if a web-based collection, etc.). c) How a privacy notice is provided.</i></p>																
<p>ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.)</p>																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td> <td style="width: 15%;"></td> <td style="background-color: #d3d3d3;">SECTION INCOMPLETE</td> </tr> <tr> <td></td> <td style="text-align: center;">x</td> <td style="background-color: #d3d3d3;">SECTION COMPLETED</td> </tr> <tr> <td></td> <td></td> <td style="background-color: #d3d3d3;">I have completed and reviewed my responses in this section.</td> </tr> <tr> <td style="text-align: center;">**</td> <td style="text-align: center;">NOTE:</td> <td style="background-color: #d3d3d3;">If you are resubmitting your updates, first select "NO Value" from the dropdown and submit and then select "Yes" and submit again.</td> </tr> <tr> <td></td> <td></td> <td style="background-color: #d3d3d3;">Section Update Date</td> </tr> </table>				SECTION INCOMPLETE		x	SECTION COMPLETED			I have completed and reviewed my responses in this section.	**	NOTE:	If you are resubmitting your updates, first select "NO Value" from the dropdown and submit and then select "Yes" and submit again.			Section Update Date
		SECTION INCOMPLETE														
	x	SECTION COMPLETED														
		I have completed and reviewed my responses in this section.														
**	NOTE:	If you are resubmitting your updates, first select "NO Value" from the dropdown and submit and then select "Yes" and submit again.														
		Section Update Date														

Section 5.4 Review:

		PRIVACY SERVICE SECTION REVIEW AND APPROVAL
		The Privacy Service has not reviewed this section.
		The Privacy Service has reviewed this section. Please make the modifications described below.
	X	The Privacy Service has reviewed and approved the responses in this section.
**	NOTE:	If you are resubmitting your REVIEW or if you already have an YES, then first select "NO Value" and submit
		and then select "Yes" and submit again.
		Section Review Date

PRIVACY SERVICE COMMENTS: (Include reviewers Name and Contact)

5.5 Consent For Secondary Use of PII:

The Privacy Act and VA policy require that personally identifiable information only be used for the purpose(s) for which it was collected, unless consent (opt-in) is granted. Individuals must be provided an opportunity to provide consent for any secondary use of information, such as use of collected information for marketing.

5.5.a) Will personally identifiable information be used for any secondary purpose?

Note: If you have selected No above, then SKIP to question 5.6, "Data Quality."

No

5.5.b) Describe and justify any secondary uses of personal information.

5.5.c) For each collection method identified in question 5.3, "Collection Method," describe:

1) The opportunities individuals have to decline to provide information, for instances where providing information is voluntary. 2) The opportunities individuals have to grant consent for particular uses of the information. 3) How individuals may grant consent.

Some examples of consent methods are: (1) Approved OMB consent forms and (2) VA Consent Form (VA Form 1010EZ). Provide justification if no method of consent is provided.

y/n? **Web Forms:**

Describe:

1) The opportunities individuals have to decline to provide information, for instances where providing information is voluntary. 2) The opportunities individuals have to grant consent for particular uses of the information. 3) How individuals may grant consent.

y/n? **Paper Forms:**

Describe:

1) The opportunities individuals have to decline to provide information, for instances where providing information is voluntary. 2) The opportunities individuals have to grant consent for particular uses of the information. 3) How individuals may grant consent.

y/n? **Electronic File Transfer:**

For electronic transfers of information, where this system is receiving the information from another system and is not collected from the primary information source, please explain what agreements are in place that govern the responsibilities of the system collecting information from the primary information source to provide the following:

a) The opportunities individuals have to decline to provide information, for instances where providing information is voluntary. b) The opportunities individuals have to grant consent for particular uses of the information. c) How individuals may grant consent.

y/n? **Computer Transfer Device:**

For electronic transfers of information, where this system is receiving the information from another system and is not collected from the primary information source, please explain what agreements are in place that govern the responsibilities of the system collecting information from the primary information source to provide the following:

a) The opportunities individuals have to decline to provide information, for instances where providing information is voluntary. b) The opportunities individuals have to grant consent for particular uses of the information. c) How individuals may grant consent.

y/n? **Telephone Contact Media:**

Describe:

1) The opportunities individuals have to decline to provide information, for instances where providing information is voluntary. 2) The opportunities individuals have to grant consent for particular uses of the information. 3) How individuals may grant consent.

y/n? **Other Media**

Describe:

1) The opportunities individuals have to decline to provide information, for instances where providing information is voluntary. 2) The opportunities individuals have to grant consent for particular uses of the information. 3) How individuals may grant consent.

N/A

ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.)

N/A

		SECTION INCOMPLETE
	X	SECTION COMPLETED
		I have completed and reviewed my responses in this section.
**	NOTE:	If you are resubmitting your updates, first select "NO Value" from the dropdown and submit and then select "Yes" and submit again.
		Section Update Date

Section 5.5 Review:

		PRIVACY SERVICE SECTION REVIEW AND APPROVAL
		The Privacy Service has not reviewed this section.
		The Privacy Service has reviewed this section. Please make the modifications described below.
	X	The Privacy Service has reviewed and approved the responses in this section.
**	NOTE:	If you are resubmitting your REVIEW or if you already have an YES, then first select "NO Value" and submit
		and then select "Yes" and submit again.
		Section Review Date

PRIVACY SERVICE COMMENTS: (Include reviewers Name and Contact)

5.6 Data Quality

5.6.a) Explain how collected data are limited to required elements:

Data is collected electronically based on the automation of VA forms and clinical procedures which are configured to request only the information required.

5.6.b) How is data checked for completeness?

Data is reviewed by staff and compared to paper forms. Various audits such as medical record audit, compliance audits in MCCR, etc, ensure completeness. Electronic collection of data (administration and clinical) can be controlled through prompts, required "indicators", instructions on forms and training of staff. Electronic clinical templates use similar techniques as well as character-limited fields, type of response fields used in the template (yes/no, checkbox, text response), field size and required indicators (*). National and local policies and procedures also "limit", define what information is collected. Licenses and certifications of various clinical staff define "scopes of practice" and limit information needed for care and treatment from specific treating individuals. Policies and procedures work the same way for administrative data collected. The United States Code of Federal Regulations, Privacy Act of 1974, the Freedom of Information Act and the Health Insurance Portability and Accountability Act are federal regulations that govern VHA healthcare facilities. Standards for medical documentation, Joint Commission standards and other regulatory agencies also dictate information to be collected.

5.6.c) What steps or procedures are taken to ensure the data are current and not out of date?

VHA staff check for completeness, accuracy, and currency by reviewing the forms. The patient may be contacted to verify and complete some fields. Some of the IT methods mentioned above can assist with ensuring completeness, such as required fields indicators mentioned above. The HEC verifies information with various sources including the Social Security Administration. HMS, QM, Compliance and other services in the facility perform regular audits and monitors that address quality and quantity measures such as accuracy, timeliness, completeness of documentation; revenue indicators; EPRP reviews, yearly external coding audits. Clinical information is often verified by requesting non-VA records with proper authorization.

5.6.d) How is new data verified for relevance, authenticity and accuracy?

Much of the same information provided in 5.6b) applies to this question. Signature verification is often performed by comparison to other signed documents. Some procedures may require notarized documents (ROI and copies of records in some instances). Relevance is determined through review by knowledgeable staff for both administrative and clinical information, data fields on forms and regulations. HINQs are another source for verifying information.

ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.)

		SECTION INCOMPLETE
	x	SECTION COMPLETED
		I have completed and reviewed my responses in this section.
**	NOTE:	If you are resubmitting your updates, first select "NO Value" from the dropdown and submit and then select "Yes" and submit again.
		Section Update Date

Section 5.6 Review:

		PRIVACY SERVICE SECTION REVIEW AND APPROVAL
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		The Privacy Service has not reviewed this section.
		The Privacy Service has reviewed this section. Please make the modifications described below.
	X	The Privacy Service has reviewed and approved the responses in this section.
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		and then select "Yes" and submit again.
		Section Review Date

PRIVACY SERVICE COMMENTS: (Include reviewers Name and Contact)

6. Use and Disclosure

6.1 User Access and Data Sharing	
Identify the individuals and organizations that have access to system data.	
--> Individuals - Access granted to individuals should be limited to the data needed to perform their assigned duties. Individuals with access to personal information stored in project system must be identified, and documented assurance must be provided that appropriate policies and procedures are in place to prevent as well as detect unauthorized access and browsing.	
--> Other Agencies – Any Federal, State or local agencies that have authorized access to collected personal information must be identified, and documented assurance must be provided that appropriate policies and procedures are in place to protect personal information.	
--> Other Systems – Information systems of other programs or projects that interface with the information system(s) of this project must be identified and the transferred data must be defined. Also, the controls that are in place to ensure that only the defined data are transmitted must be defined.	
6.1.a) Identify all individuals and organizations that will have access to collected information. Select all applicable items below.	
YES	System Users
No	System Owner, Project Manager
YES	System Administrator
YES	Contractor

If contractors to VA have access to the system, describe their role and the extent of access that is granted to them. Also, identify the contract(s) that they operate under.

All VA contractors who receive access to Vista are required to take the same privacy and security training as well as reading and abiding by National Rules of Behavior. They must also have Background Investigations appropriate for the amount of access they require. Radiological Physics Service: VA655P-00209 (Perform radiological and Nuclear Med inspections) Health Management System: National contract (Scan for patient insurance availability when not supplied) Private secretary Incorporated: 655-C70184 (Transcription contract) West Virginia Medical Institute: National contract (QM peer review)

☐ Yes **Internal Sharing: Veteran Organization**

If information is shared internally, with other VA organizations identify the organization(s). For each organization, identify the information that is shared and for what purpose.

Health and Demographic Information is shared with the local Vet Center and VBA and Health Eligibility Center. Vet Center and the medical center shares patient health information and demographic information as they work closely to develop the overall care and services for the veteran. Comp and Pen information (health and admin) is required to be shared with the VBA to process these veteran's request for service reviews for disability.

☐ Yes **Other Veteran Organization**

If information is shared with a Veteran organization other than VA, identify the organization(s). For each organization, identify the information that is shared and for what purpose.

On limited occasions we need to supply health and demographic information on patients to the State Veterans Home for continuity of care when a patient is transferred to their care. The State Home Program is a partnership between the U.S. Department of Veterans Affairs and the States to construct or acquire nursing home, domiciliary and/or adult day health care facilities. Hospital care may be included when provided in conjunction with nursing home or domiciliary care. VA participates in these five grant-in-aid programs for States. VA may participate in up to 65 percent of the cost of construction or acquisition of State nursing homes or domiciliary or for renovations to existing State homes. VA also provides per diem payments to States for the care of eligible veterans in State homes. A State home is owned and operated by a State. VA assures Congress that State homes provide quality care through inspections, audits, and reconciliation of records conducted by the VA medical center of jurisdiction.

☐ Yes **Other Federal Government Agency**

If information is shared with another Federal government agency(ies), identify the agency(ies). For each organization, identify the information that is shared and for what purpose.

Name, SSN, DOB, and Sex are transmitted to SSA and the SSN and first four characters of the surname are transmitted to IRS in order to verify certain veteran's self-reported income information with federal tax information to identify veteran's responsibility for making medical care co-payments and enhance revenue from first party collections (Income Verification Match). Also, veteran information is commonly shared with the Department of Defense (DoD). There is certain VHA Vista patient data that is shared with DoD through the Federal/Bidirectional Health Information Exchange (FHIE/BHIE) Program under DUAs that have been in effect for several years. In addition, certain clinical information is being shared with CDC, also under an established national DUA. It is every

agencies responsibility to protect the data that is shared between organizations.

☐ Yes **State Government Agency**

If information is shared with a State government agency(ies), identify the agency(ies). For each organization, identify the information that is shared and for what purpose.

On limited occasions we need to supply health and demographic information on patients to the State Veterans Home for continuity of care when a patient is transferred to their care. The State Home Program is a partnership between the U.S. Department of Veterans Affairs and the States to construct or acquire nursing home, domiciliary and/or adult day health care facilities. Hospital care may be included when provided in conjunction with nursing home or domiciliary care. VA participates in these five grant-in-aid programs for States. VA may participate in up to 65 percent of the cost of construction or acquisition of State nursing homes or domiciliary or for renovations to existing State homes. VA also provides per diem payments to States for the care of eligible veterans in State homes. A State home is owned and operated by a State. VA assures Congress that State homes provide quality care through inspections, audits, and reconciliation of records conducted by the VA medical center of jurisdiction.

☐ No **Local Government Agency**

If information is shared with a local government agency(ies), identify the agency(ies). For each organization, identify the information that is shared and for what purpose.

☐ Yes **Other Project/ System**

If information is shared with other projects or systems:

1) Identify the other projects and/or systems, and briefly describe the data sharing. 2) For each project and/or system with which information will be shared, identify the information that will be shared with that project or system. 3) For each project and/or system with which information will be shared, describe why information is shared. 4) For each project and/or system with which information will be shared, describe who will be responsible for protecting the privacy rights of the individuals whose data will be shared across this interface.

There is certain VHA VistA health and demographic patient data that is shared with DoD through the Federal/Bidirectional Health Information Exchange (FHIE/BHIE) Program under DUAs that have been in effect for several years. In addition, certain clinical information is being shared with CDC, also under an established DUA. Billing information is sent to various insurance companies.

☐ No **Other User(s)**

If information is shared with persons or organization(s) that are not described by the categories provided, use this field to identify and describe what other persons or organization(s) have access to personal information stored on project systems. Also, briefly describe the data sharing.

<p>6.1.a.1) Describe here who has access to personal information maintained in project's IT systems:</p> <p>Clinical and administrative staff involved in the provision of care which includes contractors, students and Medical Residents. Access is limited on the scope of their duties which is identified in the functional categories of each type of job title and supervisor input.</p>
<p>6.1.b) How is access to the data determined?</p> <p>On a need to know basis which is determined by the functional categories of each job title and the direct input of the person's supervisor. Access follows local policy MCM-00-18 which is based on the principle of least privilege; no more access than which is required in their performance of their duties in accordance of NIST-800-53, HIPPA and VA Policy.</p>
<p>6.1.c) Are criteria, procedures, controls, and responsibilities regarding access documented? If so, identify the documents.</p> <p>Yes - VHA1605.1 and VHA 1605.2 VA HANDBOOKS</p>
<p>6.1.d) Will users have access to all data on the project systems or will user access be restricted? Explain.</p> <p>User access will be restricted by share permissions, keys and menu allocation and windows accounts. This process restricts information based upon a person's position and is audited by the ISO at least every 90 days.</p>
<p>6.1.e) What controls are in place to prevent the misuse (e.g. unauthorized browsing) of data by those having access? (Please list processes and training materials that specifically relate to unauthorized browsing)</p> <p>Processes and training materials specifically related to preventing misuse, including violation of unauthorized browsing are completed annually by all users. This training includes Cyber Security Awareness, VHA Privacy Policy Training, Annual review and signing of national Rules of Behavior. In addition, all users must complete new employee orientation which includes a segment presented by the ISO. All employees' records are marked as sensitive as well as certain patient accounts, this flag warns users that the record is restricted. A report of sensitive records accessed prints automatically each day which is then audited by the local ISO. In addition, the site has a Service Level Agreement in place which is a process that all departments utilize to immediately inform appropriate departments in case of a change of duty or transfer of job. Distribution of Vista Menus and keys must be authorized by the service supervisor and the ISO to prevent staff from having inappropriate access to data.</p> <p>Personnel Security Controls (PS-1 – PS-8), System and Information Integrity Controls (SI), Awareness and Training Controls (AT), Identification and Authentication Controls (IA), and Access Controls (AC) all work together to ensure only authorized personnel with the appropriate background investigation, Privacy Training, and Information Security Awareness Training have access to VistA data for which they have a need to know. Audit and Accountability Controls (AU) and Physical and Environmental Controls (PE) ensure "unauthorized browsing" is discovered and investigated and that information displays are only visible to those who should view them.</p>
<p>6.1.f) Is personal information shared (is access provided to anyone other than the system users, system owner, Project Manager, System Administrator)? (Yes/No)</p> <p>Yes</p>
<p>Note: If you have selected No above, then SKIP to question 6.2, "Access to Records and Requests for Corrections".</p>
<p>6.1.g) Identify the measures taken to protect the privacy rights of the individuals whose data will</p>

<i>be shared.</i>	
Least amount of privilege and need to know is in place. Role based access is required. Likewise, all access to data within the system is closely monitored by the ISO and PO. Training is provided to individuals who work at the medical center concerning information security and privacy.	
<i>6.1.h) Identify who is responsible, once personal information leaves your project's IT system(s), for ensuring that the information is protected.</i>	
Data that is shared between DoD and VA and the protections that apply are addressed in the DoD and VA sharing agreements. The need to know for clinical data with the DoD's system is the primary control that will ensure information is protected by both parties. The sharing agencies have equal responsibility to ensure the security and protection of the said data.	
<i>6.1.i) Describe how personal information that is shared is transmitted or disclosed.</i>	
Data is transmitted electronically and in paper format via secure methods such as PKI, RMS, Internally within the VA firewall, Fax, approved Release of Information methods, etc...	
<i>6.1.j) Is a Memorandum of Understanding (MOU), contract, or any other agreement in place with all external organizations with whom information is shared, and does the agreement reflect the scope of the information currently shared? If an MOU is not in place, is the sharing covered by a routine use in the System of Records Notice? If not, explain the steps being taken to address this omission.</i>	
Where required a national MOU is in place (DOD and IHS). Likewise, contracts cover the routine sharing of data through the BAA's (Transcription, HMS, Peer Review) as required.	
<i>6.1.k) How is the shared information secured by the recipient?</i>	
The recipients are mandated to secure the data and to use the reasonable and appropriate safeguards in protecting the information (as stated in the BAA, MOUs).	
<i>6.1.l) What type of training is required for users from agencies outside VA prior to receiving access to the information?</i>	
Training that is required is Cyber Security Awareness Training, VHA Privacy Policy Training, and National Rules of behavior. All users require a background investigation prior to gaining access.	
<i>ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.)</i>	

		SECTION INCOMPLETE
	x	SECTION COMPLETED
		I have completed and reviewed my responses in this section.
**	NOTE:	If you are resubmitting your updates, first select "NO Value" from the dropdown and submit and then select "Yes" and submit again.
		Section Update Date

Section 6.1 Review:

		PRIVACY SERVICE SECTION REVIEW AND APPROVAL
		The Privacy Service has not reviewed this section.
		The Privacy Service has reviewed this section. Please make the modifications described below.
	X	The Privacy Service has reviewed and approved the responses in this section.
**	NOTE:	If you are resubmitting your REVIEW or if you already have an YES, then first select "NO Value" and submit
		and then select "Yes" and submit again.
		Section Review Date

PRIVACY SERVICE COMMENTS: (Include reviewers Name and Contact)

6.2 Access to Records and Requests for Corrections											
<p><i>The Privacy Act and VA policy provide certain rights and mechanisms by which individuals may request access to and amendment of information relating to them that is retained in a System of Records.</i></p> <p>6.2.a) How can individuals view instructions for accessing or amending data related to them that is maintained by VA? (Select all applicable options below.)</p> <table border="1"> <tr> <td>YES</td> <td>The application will provide a link that leads to their information.</td> </tr> <tr> <td>No</td> <td>The application will provide, via link or where data is collected, written instructions on how to access/amend their information.</td> </tr> <tr> <td>YES</td> <td>The application will provide a phone number of a VA representative who will provide instructions.</td> </tr> <tr> <td>YES</td> <td>The application will use other method (explain below).</td> </tr> <tr> <td>No</td> <td>The application is exempt from needing to provide access.</td> </tr> </table> <p>6.2.b) What are the procedures that allow individuals to gain access to their own information?</p> <p>Individuals may either visit the VAMC where they receive their care and begin the process or may visit the Freedom of Information Act (FOIA) Website for VA at http://www.va.gov/oit/cio/foia/guide.asp#how or may go through VA Forms at http://www.va.gov/vaforms/medical/pdf/vha-10-5345-fill.pdf . Further information regarding the VA SOR is available at http://www.va.gov/privacy/SystemsOfRecords/2001_Privacy_Act_GPO_SOR_compilation.pdf.</p> <p>6.2.c) What are the procedures for correcting erroneous information?</p> <p>Form 1010EZ, financial, demographic, etc., information can be corrected with communication with HEC. Corrections on DOD, DOB, names, address, etc., are frequently handled by the Administrative ADPAC through the Master Patient Index national staff. E-mails are sent using the IENs for patients and requesting corrections of erroneous data. Medical clerks can change this same type of information with request and verification from the patient, most notably, change in address and/or phone number and insurance. Clinically, erroneous information is corrected through various procedures that mostly involve the Health Information Management Section and</p>		YES	The application will provide a link that leads to their information.	No	The application will provide, via link or where data is collected, written instructions on how to access/amend their information.	YES	The application will provide a phone number of a VA representative who will provide instructions.	YES	The application will use other method (explain below).	No	The application is exempt from needing to provide access.
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YES	The application will use other method (explain below).										
No	The application is exempt from needing to provide access.										

or the Privacy Officer and in some circumstances the Security Officer. Notes linked to the wrong patient, notes entered under the wrong title or wrong clinic appointment are corrected by designated staff in HIMS. Amendments to clinical information are handled only by the Privacy Officer and backup and an audit trail is kept by CPRS. This process starts with a written request from the patient, review by the PO with the provider and possibly the Chief of Staff and the Director. A written response to the patient is required and is to be signed by the facility Director. The amendment request can be approved in part or whole or denied in part or whole. Denials for amendment of clinical information are based on the clinical pertinence and accuracy and purpose of the information determined during review. Appeal rights are provided to the patient in the response letter. Appeals are directed to the Office of General Counsel in Washington DC.

6.2.d) If no redress is provided, are alternatives available?

Yes, Appeal rights as noted above.

6.2.e) Provide here any additional explanation; if exempt, explain why the application is exempt from providing access and amendment.

A notice describing the process is mailed to the patient.

ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.)

		SECTION INCOMPLETE
	x	SECTION COMPLETED
		I have completed and reviewed my responses in this section.
**	NOTE:	If you are resubmitting your updates, first select "NO Value" from the dropdown and submit and then select "Yes" and submit again.
		Section Update Date

Section 6.2 Review:

		PRIVACY SERVICE SECTION REVIEW AND APPROVAL
		The Privacy Service has not reviewed this section.
		The Privacy Service has reviewed this section. Please make the modifications described below.
	X	The Privacy Service has reviewed and approved the responses in this section.
**	NOTE:	If you are resubmitting your REVIEW or if you already have an YES, then first select "NO Value" and submit
		and then select "Yes" and submit again.
		Section Review Date

PRIVACY SERVICE COMMENTS: (Include reviewers Name and Contact)

7 Retention and Disposal

By completing this section, you provide documented assurance that proper data retention and disposal practices are in place.

The "Retention and disposal" section of the applicable System of Records Notice(s) often provides appropriate and sufficiently detailed documented data retention and disposal practices specific to your project.

VA HBK 6300.1 Records Management Procedures explains the Records Control Schedule procedures.

System of Records Notices may be accessed via:

<http://vawww.vhaco.va.gov/privacy/SystemofRecords.htm>

or

http://vawww.va.gov/foia/err/enhanced/privacy_act/privacy_act.html

For VHA projects, VHA Handbook 1907.1 (Section 6j) and VHA Records Control Schedule 10-1 provide more general guidance.

VHA Handbook 1907.1 may be accessed at:

http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=434

For VBA projects, Records Control Schedule (RCS) VB-1 provides more general guidance. VBA Records Control Schedule (RCS) VB-1 may be accessed via the URL listed below.

Start by looking at the <http://www.warms.vba.va.gov/20rcs.html>

7.a) What is the data retention period? Given the purpose of retaining the information, explain why the information is needed for the indicated period.

Clinical information is retained in accordance with VA Records Control Schedule 10-1. Demographic information is updated as applications for care are submitted and retained in accordance with VA Records Control Schedule 10-1.

7.b) What are the procedures for eliminating data at the end of the retention period?

Electronic Final Version of Patient Medical Record is destroyed/deleted 75 years after the last episode of patient care as instructed in VA Records Control Schedule 10-1, Item XLIII, 2.b. (Page 190). At the present time, VistA Imaging retains all images. We are performing a study to explore whether some images can be eliminated on an earlier schedule. When no longer needed, VA sensitive information is destroyed by a method rendering it unreadable, undecipherable, and irretrievable as outlined in VA's current electronic sanitization procedures. (VA HB 6500, paragraph 6. b.(4)(b)16.d)

7.c) Where are procedures documented?

VA Handbook 6300; Record Control Schedule 10-1

7.d) How are data retention procedures enforced?

VA Records Control Schedule 10-1 (page 8): Records Management Responsibilities The Health Information Resources Service (HIRS) is responsible for developing policies and procedures for effective and efficient records management throughout VHA. In addition, HIRS acts as the liaison between VHA and National Archives and Records Administration (NARA) on issues pertaining to

records management practices and procedures. Field records officers are responsible for records management activities at their facilities. Program officials are responsible for creating, maintaining, protecting, and disposing of records in their program area in accordance with NARA regulations and VA policy. All VHA employees are responsible to ensure that records are created, maintained, protected, and disposed of in accordance with NARA regulations and VA policies and procedures.

7.e) If applicable, has the retention schedule been approved by the National Archives and Records Administration (NARA)?

Yes

ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.)

		SECTION INCOMPLETE
	x	SECTION COMPLETED
		I have completed and reviewed my responses in this section.
**	NOTE:	If you are resubmitting your updates, first select "NO Value" from the dropdown and submit and then select "Yes" and submit again.
		Section Update Date

Section 7 Review:

		PRIVACY SERVICE SECTION REVIEW AND APPROVAL
		The Privacy Service has not reviewed this section.
		The Privacy Service has reviewed this section. Please make the modifications described below.
	X	The Privacy Service has reviewed and approved the responses in this section.
**	NOTE:	If you are resubmitting your REVIEW or if you already have an YES, then first select "NO Value" and submit
		and then select "Yes" and submit again.
		Section Review Date

PRIVACY SERVICE COMMENTS: (Include reviewers Name and Contact)

8 SECURITY

OMB Guidance for Implementing the Privacy Provisions of the E-Government Act of 2002, (OMB M-03-22) specifies that privacy impact assessments must address how collected information will

be secured.

8.1 General Security Measures

8.1.a) Per OMB guidance, citing requirements of the Federal Information Security Management Act, address the following items (select all applicable boxes.):

YES	The project is following IT security requirements and procedures required by federal law and policy to ensure that information is appropriately secured.
YES	The project has conducted a risk assessment, identified appropriate security controls to protect against that risk, and implemented those controls.
YES	Security monitoring, testing, and evaluating are conducted on a regular basis to ensure that controls continue to work properly, safeguarding the information.

8.1.b) Describe the security monitoring, testing, and evaluating that is conducted on a regular basis:

Security control assessments are conducted at least annually. An independent security control assessment is conducted as part of certification and accreditation efforts. Controls that are not implemented as required become part of a Plan of Action and Milestones and are tracked until mitigated. An intrusion prevention system monitors network traffic in real time. Audit logs are examined regularly for possible incidents.

8.1.c) Is adequate physical security in place to protect against unauthorized access?

Yes

8.2 Project-Specific Security Measures

8.2.a) Provide a specific description of how collected information will be secured.

- A concise description of how data will be protected against unauthorized access, unauthorized modification, and how the availability of the system will be protected.
- A concise description of the administrative controls (Security Plans, Rules of Behavior, Procedures for establishing user accounts, etc.).
- A concise description of the technical controls (Access Controls, Intrusion Detection, etc.) that will be in place to safeguard the information.
- Describe any types of controls that may be in place to ensure that information is used in accordance with the above described uses. For example, are audit logs regularly reviewed to ensure appropriate use of information? Are strict disciplinary programs in place if an individual is found to be inappropriately using the information?

Note: Administrative and technical safeguards must be specific to the system covered by the PIA, rather than an overall description of how the VA's network is secured. Does the project/system have its own security controls, independent of the VA network? If so, describe these controls.

The agency is following IT security requirements as described in the FISMA and as implemented by VA Handbook 6500. IT security is provided at the project and enterprise levels. IT security measures include the use of passwords, user authentication, physical security controls and configuration management. Enterprise level IT security includes firewalls for intrusion protection, virus protection software, and the implementation of authentication systems. Risk assessments are conducted. Vista last completed a FISMA survey in July 2007.

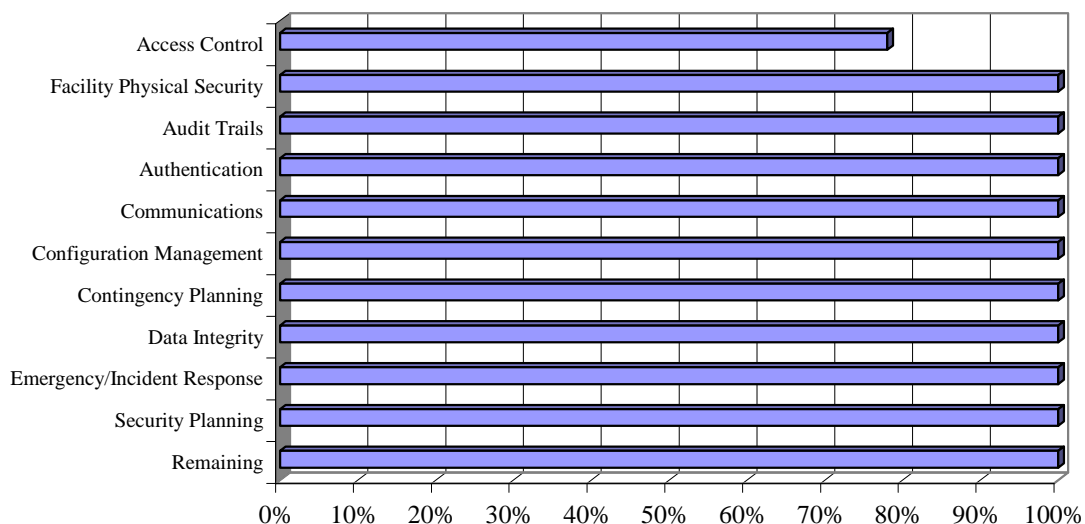
8.2.b) Explain how the project meets IT security requirements and procedures required by federal law.

At the Department level the Office of Cyber & Information Security (OCIS) is responsible for the establishment of directives, policies, & procedures which are consistent with the provisions of Federal Information Security Management Act (FISMA) as well as guidance issued by the Office of Management & Budget (OMB), the National Institute of Standards & Technology (NIST), & other requirements that Vista-Legacy is and has been subject to. In addition, OCIS administers and manages Department-wide security solutions, such as anti-virus protection, authentication, vulnerability scanning & penetration testing, & intrusion detection systems, and incident response (800-61). At the Vista-Legacy project level - The Project Manager ensures that CIO-provided security directives are integrated into the project's security plan & implemented by VA & contractor staff throughout the project. Funding needs are dependent on IT security requirements identified in the system development life cycle (800-64) (i.e. risk assessments (800-30), certification and accreditation (800-37 and 800-53)), as well as identified security weaknesses that must be corrected.

8.2.c) Explain what security risks were identified in the security risk assessment.

The latest risk assessment was conducted using the VA-enterprise risk management tool. The risk management tool reviews 39 risks. Results from the risk assessment support the decision to use the NIST SP 800-53 High Baseline Security Controls for the Vista.

Vulnerability Compliance

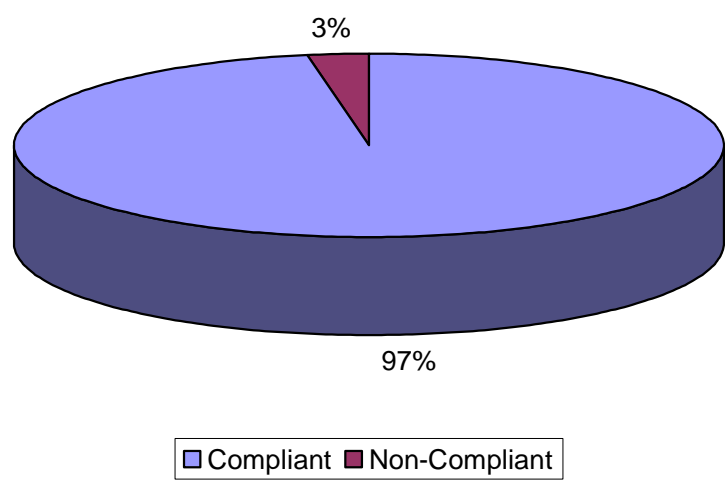


The vulnerability graph and bar chart above show what areas had the most vulnerability, based on

the actual responses by individuals. If all the answers constitute 100%, the charts and graph above are distributions of ONLY the non-compliance by area. Each question is linked to one of the designated vulnerability areas. Vulnerability Analysis

The RiskWatch software was used to create questionnaires designed to measure the level of the organizational vulnerabilities. There were 33 vulnerabilities in the model. Completed responses were received from 1 respondents. In total, there were 320 different questions answered and of those 9 had non compliant answers.

Overall Response



8.2.d) Explain what security controls are being used to mitigate these risks.

The High Baseline of Security Controls is implemented. The VA documents security risk assessment results in the SMART database. The Risk Assessment report for VistA was uploaded separately for DRT review. Any controls not implemented fully are tracked in the Plan of Action and Milestones (POA&M), also documented in SMART. These items are reviewed at least monthly by the ISO who works with IRM Staff to close out the items.

		SECTION INCOMPLETE
	x	SECTION COMPLETED
		I have completed and reviewed my responses in this section.
**	NOTE:	If you are resubmitting your updates, first select "NO Value" from the dropdown and submit and then select "Yes" and submit again.
		Section Update Date

Section 8 Review:

		PRIVACY SERVICE SECTION REVIEW AND APPROVAL
		The Privacy Service has not reviewed this section.
		The Privacy Service has reviewed this section. Please make the modifications described below.
	X	The Privacy Service has reviewed and approved the responses in this section.
**	NOTE:	If you are resubmitting your REVIEW or if you already have an YES, then first select "NO Value" and submit
		and then select "Yes" and submit again.
		Section Review Date

PRIVACY SERVICE COMMENTS: (Include reviewers Name and Contact)

9. CHANGE RECORD
OMB Memorandum M-03-22, OMB Guidance for Implementing the Privacy Provisions of the E-Government Act of 2002, mandates that PIAs address any project/ system changes that potentially create new privacy risks. By completing this section, you provide documented assurance that significant project/ system modifications have been appropriately evaluated for privacy-related impacts.
9.a Since the last PIA submitted, have any significant changes been made to the system that might impact the privacy of people whose information is retained on project systems? (Yes, No, n/a: first PIA)
N/A: first PIA
If no, then proceed to Section 10, "Children's Online Privacy Protection Act."
If yes, then please complete the information in the table below. List each significant change on a separate row. 'Significant changes' may include:
Conversions - when converting paper-based records to electronic systems;
Anonymous to Non-Anonymous - when functions applied to an existing information collection change anonymous information into information in identifiable form;
Significant System Management Changes - when new uses of an existing IT system, including application of new technologies, significantly change how information in identifiable form is managed in the system:
• For example, when an agency employs new relational database technologies or web-based processing to access multiple data stores; such additions could create a more open environment and avenues for exposure of data that previously did not exist.
Significant Merging - when agencies adopt or alter business processes so that government databases holding information in identifiable form are merged, centralized, matched with other databases or otherwise significantly manipulated:
• For example, when databases are merged to create one central source of information; such a link may aggregate data in ways that create privacy concerns not previously at issue.
New Public Access - when user-authenticating technology (e.g., password, digital certificate, biometric) is newly applied to an electronic information system accessed by members of the public;

Commercial Sources - when agencies systematically incorporate into existing information systems databases of information in identifiable form purchased or obtained from commercial or public sources. (Merely querying such a source on an ad hoc basis using existing technology does not trigger the PIA requirement);

New Interagency Uses - when agencies work together on shared functions involving significant new uses or exchanges of information in identifiable form, such as the cross-cutting E-Government initiatives; in such cases, the lead agency should prepare the PIA;

Internal Flow or Collection - when alteration of a business process results in significant new uses or disclosures of information or incorporation into the system of additional items of information in identifiable form:

• For example, agencies that participate in E-Gov initiatives could see major changes in how they conduct business internally or collect information, as a result of new business processes or E-Gov requirements. In most cases the focus will be on integration of common processes and supporting data. Any business change that results in substantial new requirements for information in identifiable form could warrant examination of privacy issues.

Alteration in Character of Data - when new information in identifiable form added to a collection raises the risks to personal privacy (for example, the addition of health or financial information);

List All Major Project/System Modification(s)	State Justification for Modification(s)	*Concisely describe:	Modification Approver	Date

** The effect of the modification on the privacy of collected personal information*

** How any adverse effects on the privacy of collected information were mitigated.*

		SECTION INCOMPLETE
	x	SECTION COMPLETE
		I have completed and reviewed my responses in this section.
**	NOTE:	If you are resubmitting your updates, first select "NO Value" from the dropdown and submit and then select "Yes" and submit again.
		Section Update Date

Section 9 Review:

		PRIVACY SERVICE SECTION REVIEW AND APPROVAL
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		The Privacy Service has not reviewed this section.
		The Privacy Service has reviewed this section. Please make the modifications described below.
	X	The Privacy Service has reviewed and approved the responses in this section.
**	NOTE:	If you are resubmitting your REVIEW or if you already have an YES, then first select "NO Value" and submit
		and then select "Yes" and submit again.
		Section Review Date

PRIVACY SERVICE COMMENTS: (Include reviewers Name and Contact)

10. CHILDREN'S ONLINE PRIVACY PROTECTION ACT
10.a) Will information be collected through the Internet from children under age 13?
No
If "No" then SKIP to Section 11, "PIA Considerations".
10.b) How will parental or guardian approval be obtained.
ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.)

		SECTION INCOMPLETE
	x	SECTION COMPLETED
		I have completed and reviewed my responses in this section.
**	NOTE:	If you are resubmitting your updates, first select "NO Value" from the dropdown and submit and then select "Yes" and submit again.
		Section Update Date

Section 10 Review:		
		PRIVACY SERVICE SECTION REVIEW AND APPROVAL
		The Privacy Service has not reviewed this section.
		The Privacy Service has reviewed this section. Please make the modifications described below.
	X	The Privacy Service has reviewed and approved the responses in this section.

**	NOTE:	If you are resubmitting your REVIEW or if you already have an YES, then first select "NO Value" and submit
		and then select "Yes" and submit again.
		Section Review Date

PRIVACY SERVICE COMMENTS: (Include reviewers Name and Contact)

11. PIA Assessment							
<p>11a) Identify what choices were made regarding the project/system or collection of information as a result of performing the PIA. Examples of choices made include reconsideration of: collection source, collection methods, controls to mitigate misuse of information, provision of consent and privacy notice, and security controls.</p> <p>VistA-Legacy is a steady state project and is governed by existing policies and procedures. Due to this and the completion and review of this PIA, no modifications are required.</p>							
<p>11b) What auditing measures and technical safeguards are in place to prevent misuse of data?</p> <p>See latest security control assessment in SMART. The Facility has implemented High Baseline Technical Security Controls. The Controls that prevent misuse of data would include Identification and Authentication and Access Control, by ensuring only authorized users have access to the VistA system's information and only to that information they require to conduct their duties. Audit controls are implemented to allow monitoring and investigation of system use. System and Communications Protection controls protect data in transit and in storage from unauthorized disclosure.</p>							
<p>11c) Availability assessment: If the data being collected is not available to process for any reason what will the potential impact be upon the system or organization?</p> <table border="1"> <tr> <td>No</td> <td>The potential impact is <u>high</u> if the loss of availability could be expected to have a severe or catastrophic adverse effect on operations, assets, or individuals.</td> </tr> <tr> <td>Yes</td> <td>The potential impact is <u>moderate</u> if the loss of availability could be expected to have a serious adverse effect on operations, assets, or individuals.</td> </tr> <tr> <td>No</td> <td>The potential impact is <u>low</u> if the loss of availability could be expected to have a limited adverse effect on organizational operations, organizational assets, or individuals.</td> </tr> </table>		No	The potential impact is <u>high</u> if the loss of availability could be expected to have a severe or catastrophic adverse effect on operations, assets, or individuals.	Yes	The potential impact is <u>moderate</u> if the loss of availability could be expected to have a serious adverse effect on operations, assets, or individuals.	No	The potential impact is <u>low</u> if the loss of availability could be expected to have a limited adverse effect on organizational operations, organizational assets, or individuals.
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Yes	The potential impact is <u>moderate</u> if the loss of availability could be expected to have a serious adverse effect on operations, assets, or individuals.						
No	The potential impact is <u>low</u> if the loss of availability could be expected to have a limited adverse effect on organizational operations, organizational assets, or individuals.						
<p>11d) Integrity assessment: If the data being collected has been corrupted for any reason what will the potential impact be upon the system or organization?</p> <table border="1"> <tr> <td>Yes</td> <td>The potential impact is <u>high</u> if the loss of integrity could be expected to have a severe or catastrophic adverse effect on operations, assets, or individuals.</td> </tr> <tr> <td>No</td> <td>The potential impact is <u>moderate</u> if the loss of integrity could be expected to have a serious adverse effect on operations, assets, or individuals.</td> </tr> <tr> <td>No</td> <td>The potential impact is <u>low</u> if the loss of integrity could be expected to have a limited adverse effect on organizational operations, organizational assets, or individuals.</td> </tr> </table>		Yes	The potential impact is <u>high</u> if the loss of integrity could be expected to have a severe or catastrophic adverse effect on operations, assets, or individuals.	No	The potential impact is <u>moderate</u> if the loss of integrity could be expected to have a serious adverse effect on operations, assets, or individuals.	No	The potential impact is <u>low</u> if the loss of integrity could be expected to have a limited adverse effect on organizational operations, organizational assets, or individuals.
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No	The potential impact is <u>moderate</u> if the loss of integrity could be expected to have a serious adverse effect on operations, assets, or individuals.						
No	The potential impact is <u>low</u> if the loss of integrity could be expected to have a limited adverse effect on organizational operations, organizational assets, or individuals.						
<p>11e) Confidentiality assessment: If the data being collected has been shared with unauthorized individuals what will the potential impact be upon the system or organization?</p>							

No	The potential impact is <u>high</u> if the loss of confidentiality could be expected to have a severe or catastrophic adverse effect on operations, assets, or individuals.
Yes	The potential impact is <u>moderate</u> if the loss of confidentiality could be expected to have a serious adverse effect on operations, assets, or individuals.
No	The potential impact is <u>low</u> if the loss of confidentiality could be expected to have a limited adverse effect on organizational operations, organizational assets, or individuals.

11f) What was the highest impact from questions 11c, 11d, and 11e?

High

11g) What controls are being considered for this impact level?

VistA-Legacy has implemented the NIST SP 800-53 High baseline set of controls, as described in VA Handbook 6500 and in the VISN 10 Facility VistA System Security Plans.

ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.)

		SECTION INCOMPLETE
	x	SECTION COMPLETED
		I have completed and reviewed my responses in this section.
**	NOTE:	If you are resubmitting your updates, first select "NO Value" from the dropdown and submit and then select "Yes" and submit again.
		Section Update Date

Section 11 Review:

		PRIVACY SERVICE SECTION REVIEW AND APPROVAL
		The Privacy Service has not reviewed this section.
		The Privacy Service has reviewed this section. Please make the modifications described below.
	X	The Privacy Service has reviewed and approved the responses in this section.
**	NOTE:	If you are resubmitting your REVIEW or if you already have an YES, then first select "NO Value" and submit
		and then select "Yes" and submit again.
		Section Review Date

PRIVACY SERVICE COMMENTS: (Include reviewers Name and Contact)

12. PUBLIC AVAILABILITY

The Electronic Government Act of 2002 requires that VA make this PIA available to the public. This section is intended to provide documented assurance that the PIA is reviewed for any potentially sensitive information that should be removed from the version of the PIA that is made available to the public.

The following guidance is excerpted from M-03-22, "OMB Guidance for Implementing the Privacy Provisions of the E-Government Act of 2002," Section II.C.3, "Review and Publication": iii. Agencies must ensure that the PIA document and, if prepared, summary, are made publicly available (consistent with executive branch policy on the release of information about systems for which funding is proposed).

1. Agencies may determine to not make the PIA document or summary publicly available to the extent that publication would raise security concerns, reveal classified (i.e., national security) information or sensitive information (e.g., potentially damaging to a national interest, law enforcement effort or competitive business interest) contained in an assessment⁹. Such information shall be protected and handled consistent with the Freedom of Information Act (FOIA).

2. Agencies should not include information in identifiable form in their privacy impact assessments, as there is no need for the PIA to include such information. Thus, agencies may not seek to avoid making the PIA publicly available on these grounds.

12.a) Does this PIA contain any sensitive information that could cause harm to the Department of Veterans Affairs or any party if disclosed to the public?

No

12.b) If yes, specify:

ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.)

		SECTION INCOMPLETE
	x	SECTION COMPLETED
		I have completed and reviewed my responses in this section.
**	NOTE:	If you are resubmitting your updates, first select "NO Value" from the dropdown and submit and then select "Yes" and submit again.
		Section Update Date

Section 12 Review:

		PRIVACY SERVICE SECTION REVIEW AND APPROVAL
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		The Privacy Service has reviewed this section. Please make the modifications described below.
	X	The Privacy Service has reviewed and approved the responses in this section.
**	NOTE:	If you are resubmitting your REVIEW or if you already have an YES, then first select "NO Value" and submit
		and then select "Yes" and submit again.
		Section Review Date

PRIVACY SERVICE COMMENTS: (Include reviewers Name and Contact)